

CIVIL COVER SHEET

JS-44 (Rev. 6/17 DC)												
I. (a) PLAINTIFFS				·	DEFENDANTS							
CAUSE OF ACTION INSTITUTE				EXPORT-IMPORT BANK OF THE UNITED STATES								
1875 Eye St., NW, Suite 800				811 Vermont Ave., NW								
Washington, DC 20006				Washington, DC 20571,								
1140111191011, 20 20		Tracining.	o, D o .	_00,								
(b) COUNTY OF RESIDENCE				COUNTY	COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT							
(EXC	EEPT IN U.S. P	LAINTIFF CASES)		NOTE: II						ED		
(c) ATTORNEYS (FIRM NA	ME, ADDRESS	, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)								
Jessica L. Thompso	n											
Lee A. Steven												
Ryan P. Mulvey												
CAUSE OF ACTION	LINSTITU	TE										
1875 Eye St., NW, S												
			W. CAMARDIANA OF DEDIVICES IN PROPERTY.									
II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
				IT AND ONE BO	PTF	DFT	PORDIV	ERSITI CASES ONET:	PTF	DFT		
1 U.S. Government		deral Question						O .		O 4		
Plaintiff	(U.	S. Government Not a Party)	Citizen o	of this State	O 1	O I		ated or Principal Place	O 4	9 4		
	_				_	of Busin		ess in This State				
2 U.S. Government		ersity	Citizen o	of Another State	\bigcirc 2	\bigcirc 2	Incorpora	ated and Principal Place	O 5	O 5		
Defendant		dicate Citizenship of						ess in Another State	•			
	Pa	rties in item III)		or Subject of a	O 3	O 3			0	0.		
			Foreign	Country	•	_	Foreign 1	Nation	O 6	O 6		
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(Dlaga on V :	m omo ootoo	IV. CASE ASSIC						nding Nature of Cui	! 4 \			
(Place an A I	n one catego	ory, A-N, that best repres	sents you	r Cause of Ac	uon and	one in a	correspo	naing Nature of Sur	ιι)			
O A. Antitrust	O B. P	ersonal Injury/	0	C. Admin	istrative	Agency	y	O D. Tempora	ry Restr	aining		
	M	<i>[alpractice</i>		Review				Order/Pro	eliminar	y		
410 Antitrust				, . .				Injunctio	n			
410 Antitrust	310 Ai	_		151 Medicare Act				ŭ				
		rplane Product Liability	Social Security 861 HIA (1395ff)				Any nature of suit from any category may be selected for this category of					
		sault, Libel & Slander										
	330 Federal Employers Liability											
	330 Fe	deral Employers Liability						case assignment.				
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G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	 ▼ I. FOIA/Privacy Act ▼ 895 Freedom of Information Act ▼ 890 Other Statutory Actions (if Privacy Act) 	J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)					
	(If pro se, select this deck)	*(If pro se, select this deck)*						
 ■ K. Labor/ERISA (non-employment) ■ 710 Fair Labor Standards Act ■ 720 Labor/Mgmt. Relations ■ 740 Labor Railway Act ■ 751 Family and Medical Leave Act ■ 790 Other Labor Litigation ■ 791 Empl. Ret. Inc. Security Act 	L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
O 1 Original Proceeding From State Court C								
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 USC 552, Freedom of Information Act								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in complain the complaint of the compl								
VIII. RELATED CASE(S) IF ANY	(See instruction) YES	NO 🗶 If yes, p	lease complete related case form					
DATE: June 26, 2019	SIGNATURE OF ATTORNEY OF REC	CORD /s/ Jessica	Thompson					

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.